DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

1002

9660

State File No. 1094

REGISTERED APR 12 1940
Registration District No. 1399

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks 2 days (Specify whether years, months or days)

In this community 18 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. Mayfair Hotel (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Francis FLYNN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Freda Flynn

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept. 23, 1885. (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Milwaukee, Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Photo Engraver

11. Industry or business

FATHER 12. Name James E. Flynn

18. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Hannah Reed

15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Freda Flynn

(b) Address Mayfair Hotel, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody - McGilley

(b) Address L. K. C. Mo.

19. (a) Mch 10, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 8 th year 1940 hour 5:14 minute PM M.

21. I hereby certify that I attended the deceased from August 19 37 to March 8th 19 40 that I last saw him alive on March 8th 19 40 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cirrhosis of Liver | years |
| Due to Recent Herniorraphy | months |
| Due to Recent Appendectomy | 6 mo |
| Due to Acute Hydrothorax | 6 mo. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Buckingham M.D. (Attending physician or other)

Address 15 E. 31st Street Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2995

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**